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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M84345

(1)

1. Corporation Name

SUNBELT TITLE AGENCY, INC.

Principal Place of Business

240 CROWN OAKS CENTRE DRIVE
SUITE 6
LONGWOOD FL 32750
US

Mailing Address

PO BOX 6800
CLEARWATER FL 34618-6800
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

g. Name and Address of Current Registered Agent

~~MORRIS A LECOMPTE, ESQ~~
~~100 SECOND AVENUE SOUTH~~
~~CITY CENTER 12TH FLOOR~~
~~ST PETERSBURG FL 33701~~

3. Date Incorporated or Qualified

06/08/1988

3a. Date of Last Report

04/09/1996

4. FEI Number

59-2892334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fees Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒

Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

Jill Fisher Powers- Esquire

82 Street Address (P.O. Box Number is Not Acceptable)

19353 US HWY 19 N.

83

Suite 100

84 City

Clearwater

FL

85 Zip Code

34624

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **Jill Fisher Powers, Esquire**

Signature, typed or printed name of registered agent, and the if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

2/27/97

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **COPE, RICHARD W**
STREET ADDRESS **19353 UW HWY 19 NO, SUITE 100**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **DV** ☐ DELETE
NAME **TOOKE, EDWIN C**
STREET ADDRESS **19353 US HWY 19 NORTH, SUITE 100**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **P** ☐ DELETE
NAME **MUELLER, JAMES G**
STREET ADDRESS **7100 W. COMMERCIAL BLVD**
CITY - ST - ZIP **FT LAUDERDALE FL**

TITLE **TS** ☐ DELETE
NAME **STICCO, LEWIS A**
STREET ADDRESS **19353 US HWY 19 NO, SUITE 100**
CITY - ST - ZIP **CLEARWATER FL**

TITLE **V** ☐ DELETE
NAME **HOWARD, SHARON**
STREET ADDRESS **240 CROWN OAKS CENTRE DRIVE**
CITY - ST - ZIP **LONGWOOD FL**

TITLE **V** ☐ DELETE
NAME **MCARDLE, DENNIS**
STREET ADDRESS **4100 WEST KENNEDY B;VD STE 206**
CITY - ST - ZIP **TAMPA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **DP**
3.3 STREET ADDRESS **Mueller, James G.**
3.4 CITY - ST - ZIP **7100 W. Commercial Blvd.**
Ft. Lauderdale, Fl.

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Lewis A. Sticco**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-87-97

(813) 538-5468

Date Daytime Phone #

CR2E034 (9/96)